

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE						
						APPLICANT(S)								
<b>CLAIMS</b>														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.		
1	1							51						
2		1						52						
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47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1	↓												
TOTAL DEP.	7	↔												
TOTAL CLAIMS	7													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS